

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office APR 2 2 2020

Statement of Committee Organization

1.	Statement Information Date: March 31, 2020	7 7.4	· .	
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C 12	1052 & sastion sho	anged 3,4, 6 & 8	
2.				
Citizens for Elaine Gannon				
	5226 State Road H, DeSoto, MO 63020		(314) 630-2970 Telephone Number	
	(Jefferson County, Ken Waller		
	Official Committee Email Address	County Clerk, Board of Election Commissions		
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (P.	AC) 🗆 Debt Service 🗆 Expl	oratory	
3.	Treasurer/Deputy Treasurer Information	rer/Deputy Treasurer Information		
	Paul D. Fitzwater			
	Treasurer's Name (First & Last)	Treasurer's cmail Address (opino.ic.,		
	12007 S. State Hwy 21, Potosi, MO 63664 Treasurer's Mailing Address, City, State, & Zip	(573)760-4617	Treasurer's Work Telephone Number	
	Elaine Freeman Gannon	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Deputy Treasurer's Name (if one appointed)	p_1, .1cacarara a cinen materica (optionar)		
	5226 State Road H, DeSoto, MO 63020	(314)630-2970	()	
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4. Additional Committee Information		A The Control of the		
	Elaine Freeman Gannon	5226 State Road H	, DeSoto, MO 63020	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addr		
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, (Lity, State, & Zip	
_		DATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No		
Э.	Official Bank Account Information (required by all committees)			
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6.	Candidate Supported or Opposed (candidate committees must i		<u>·</u>	
	Elaine Freeman Gannon, 5226 State Road H, DeSoto, MO 63020 Name & Mailing Address, City, State & Zip of Candidate	(314) 630-2970 Telephone Number (Candidate Committees	Only	
	August 4, 2020 State Senate Dist. 3	Republican	Support	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees m	ust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	40	
	■ I affirm and attest under penalty of perjury that information and		lete, true, and accurate. I	
	further acknowledge that I am aware that any false statement or c	•		
	tout the mater	Elines. X	Donne	
	Committee Tressurer	Candidate (Candidate Committees Only)	XCON III.	